



Marietta Police Department
Zone Management Team
Action Form

Follow Up:

Date: _____ Complainant: _____ ###

Zone Commanders Only

Street #: _____ Address: _____ Zip Code: _____

Phone #: _____ Email: _____

Location: _____

Details: _____

Lee

☐ Zone 1

Hardy

☐ Zone 2

Grogan

☐ Zone 3

Sides

☐ Zone 4

Kennedy

☐ Zone 5

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Narcotics Complaint | <input type="checkbox"/> Business Complaint | <input type="checkbox"/> Alcohol Complaint | <input type="checkbox"/> Other Complaint |
| <input type="checkbox"/> Traffic Complaint | <input type="checkbox"/> Trash Complaint | <input type="checkbox"/> Theft Complaint | <input type="checkbox"/> Street Light Complaint |
| <input type="checkbox"/> Noise Complaint | <input type="checkbox"/> Vagrant Complaint | <input type="checkbox"/> Zoning Complaint | <input type="checkbox"/> Street Sign Complaint |
| <input type="checkbox"/> Housing Authority | <input type="checkbox"/> Nuisance Complaint | <input type="checkbox"/> Fire Complaint | <input type="checkbox"/> Private Property Security Light |

BELOW ITEMS COMPLETED BY ZMT MEMBER ONLY

Referred To:

- | | |
|---|---|
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Day Shift |
| <input type="checkbox"/> CIU | <input type="checkbox"/> Evening Shift |
| <input type="checkbox"/> Detectives | <input type="checkbox"/> Morning Shift |
| <input type="checkbox"/> STEP | <input type="checkbox"/> Parking Unit |
| <input type="checkbox"/> MCS | <input type="checkbox"/> Code Enforcement |
| <input type="checkbox"/> Intelligence | <input type="checkbox"/> Traffic Dept |
| <input type="checkbox"/> City Attorney | <input type="checkbox"/> Street Dept |
| <input type="checkbox"/> Housing Authority | <input type="checkbox"/> Fire Department |
| <input type="checkbox"/> Social Agency | <input type="checkbox"/> Sanitation Dept |
| <input type="checkbox"/> Other | |

Suggested Action:

Date Sent: _____

Signature of ZMT Member

Results:

BELOW ITEMS COMPLETED BY RESPONSIBLE UNIT

<input type="checkbox"/> Arrest Made	<input type="checkbox"/> Citation Issued	<input type="checkbox"/> Problem Repaired	<input type="checkbox"/> Situation Resolved
<input type="checkbox"/> Unable to Resolve	<input type="checkbox"/> Case Still Open	<input type="checkbox"/> Other Action	_____

Explanation: _____

Date Returned: _____

Signature of Person Completing Form

RETURN FORM TO ZONE COMMANDER

<input type="checkbox"/> Complainant Notified	<input type="checkbox"/> Follow-Up Needed
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Comments: _____

Date Filed: _____

Signature of Zone Commander